

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10701445</div>	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
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